

Ed Smith  
CLERK OF THE SUPREME COURT  
STATE OF MONTANA

FILED

MAR 08 2010

Ed Smith  
CLERK OF THE SUPREME COURT  
STATE OF MONTANA

MONTANA Thirteenth JUDICIAL DISTRICT COURT,  
(number of district in which your county is located)  
Yellowstone COUNTY  
(name of your county)

City of Billings

Plaintiff,

vs.

William J. Nigro

Defendant.

) Your Case No. DA 09-0676

) need to retain a lawyer  
)  
) ORDER continuance of  
) 30 days due to medical  
) disability caused by cold weather  
) that caused me to be helplessly  
) paralyzed and home bound invalid

Having considered the ☐ Plaintiff's ☐ Defendant's Motion for \_\_\_\_\_  
(insert name of the motion)

\_\_\_\_\_ and any Response and Reply filed, and  
(that you filed)

good cause being found, the Court HEREBY ORDERS: \_\_\_\_\_  
(describe what you want the Court to do)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
District Court Judge

William S. Migno  
(your name)

3020 7th Ave N #2  
(your street address)

Billings MT 59101  
(city, state, zip code)

None-stolen  
(your phone number)

Mailing address  
P.O. Box 2384  
59103

MONTANA Thirteenth JUDICIAL DISTRICT COURT,  
(number of district in which your county is located)

Yellowstone COUNTY  
(name of your county)

City of Billings

Plaintiff,

vs.

William Migno

Defendant.

Your Case No. DA-09-0676

MOTION FOR Continuance  
(name of your motion describing what you want the Court to do)

to retain a lawyer

I, William S. Migno, respectfully request that the Court enter an Order  
(print your full name)

that does the following: give this case continuance of  
30 days so that I can retain a lawyer  
The Billings Dep. City Attorney does not oppose  
this motion

BECAUSE Paralyzing and pain anguished helplessness  
caused by the cold weather of January and February  
2010, made me a home-bound invalid during  
Most of January and February

Since January 1<sup>st</sup> 2008 I have been certified legally blind and legally crippled due to osteoarthritis (chronic degeneration of knee and hip joints, since 2008, it has gotten worse. After my appearance in Municipal Court on January 11, 2010

I was determined to retain a lawyer. However the below normal cold weather and snow disabled me so much that even in my apartment I had to crawl around on my hands and knees.

I have no phone, live by myself, and the downtown post office is 11 blocks away.

Only on March 8, 2010 was I able to get to the post office to receive the Notice from the Clerk of the Supreme Court. The weather changed, allowing me to leave the apartment

The affliction to my eyes and knees originated during the period of military service during the late 1960's,

☒ I would like a hearing before the Court on this Motion.

I have filed the following documents along with this Motion:

☒ My Affidavit in support of this Motion.

☒ A proposed Order for the Court's signature.

☒ My Affidavit of Service, which indicates how I served copies of these documents

on the opposing party.

☒ Other: Social Security Disability Insurance

Notice of Award, January 2008, Osteoarthritis + Blindness, U.S. Army Discharge

Dated this 4 day of March, 2010  
(date) (month) (year)

William D. Migno  
(Your signature)

William D. Migno  
(print your name)

William J. Nigro  
(your name)

2020 1<sup>st</sup> Ave N #12  
(your street address)

Billings, MT 59101  
(city, state, zip code)

None - Stolen  
(your phone number)

Mailing address:

P.O. Box 2384

Billings, MT 59103

MONTANA Thirteen 13 JUDICIAL DISTRICT COURT,  
(number of district in which your county is located)

Yellowstone COUNTY  
(name of your county)

City of Billings,

Plaintiff,

vs.

William Nigro,

Defendant.

Your Case No. DA 09-0676

AFFIDAVIT

I, William J. Nigro, swear (or affirm) under oath that: The below normal  
(print your name)

cold weather & snow of January & February 2010 was the paralyzing  
stimulant that caused me to be helplessly home-bound invalided  
until March 2, 2010. Osteoarthritis is a chronic degeneration  
of the knee and hip joints. The joint cartilage & ligaments wear  
away and all you have left is bone upon bone. Cold weather  
and walking cause intense & disabling pain.

I'm on the waiting list for hip & knee replacement.

During January and February, The Best doctors

Don't take medicine, so I've been desperately attempting to find a physician.

Since I appeared in Municipal Court on January 11, 2010 I've been determined to retain a lawyer.

However, the cold weather rendered me to being a helplessly paralyzed invalid that even in my apartment forced me to shawl around on my hands & knees.

I am 66 1/2 years old. In January of 2008, the Social Security certified me legally crippled & legally blind. Since 2008 the chronic degeneration at my knee & hip joints has gotten worse.

A continuance of 30 days would allow me to retain a lawyer.

The Health affliction rendered me unable to do what is right.

DATED this 4 day of March, 2010  
(date) (month) (year)

William Negro  
(Your signature)

State of Montana  
County of Yellowstone

SIGNED AND SWORN (OR AFFIRMED) to before me on March 4, 2010  
by William Negro.

Christine A Bjornestad  
Notary Public for the State of Montana  
Printed name of notary Christine A Bjornestad  
Title or rank: Notary Public  
Residing at Billings, MT  
My Commission Expires: 11 September 2010

embossed  
seal

William S. Nigro  
(your name)  
3020 7th Ave. N. #12  
(your street address)  
Billing, MT 59101  
(city, state, zip code)  
None  
(your phone number)

Mailing address:  
P.O. Box 2384  
Billing, MT 59103

MONTANA Thirteenth JUDICIAL DISTRICT COURT,  
(number of district in which your county is located)  
Yellowstone COUNTY  
(name of your county)

City of Billings  
Plaintiff,  
vs.  
William Nigro  
Defendant.

Your Case No. DA 09-0676

AFFIDAVIT OF SERVICE

I, William S. Nigro, swear (or affirm) under oath that:  
(print your name)

I served a copy of the attached Order, Motion for Continuance, Social Security Notice of Disability, Military Discharge  
(name of each of the documents that you filed in Court)  
upon Cont Behavior by  
(name of the opposing party)

☐ mailing a true and correct copy on the \_\_\_\_\_ day of \_\_\_\_\_  
(date)  
(month), (year), postage prepaid and addressed as follows:

\_\_\_\_\_  
(opposing party's name or name of opposing party's attorney, if he/she has one)

\_\_\_\_\_  
(opposing party's street address or street address of his/her attorney)

\_\_\_\_\_  
(city, state, zip code)



hand delivering a true and correct copy on the 4 day of

(date)

March, 2010 to:

(month)

(year)

Curt Beholden, Deputy City Attorney

(opposing party's name or name of opposing party's attorney, if he/she has one)

DATED this 4 day of March, 2010

(date)

(month)

(year)

[Signature]

(Your signature)

State of Montana  
County of Yellowstone

SIGNED AND SWORN (OR AFFIRMED) to before me on March 4, 2010

by William Negro

Christine A. Bjornestad  
Notary Public for the State of Montana  
Printed name of notary Christine A. Bjornestad  
Title or rank: Notary Public  
Residing at Billings, MT  
My Commission Expires: 11 September 2010



embossed seal